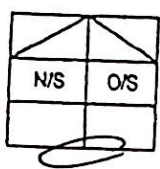


ASS. REC. BY: Kenneth REF: LPCI

ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
Estimated Cost: \_\_\_\_\_  
OD TP / WS / TP RES / OD RES / EVA / INV / MY  
To Inspect Vehicle No: \_\_\_\_\_  
at Workshop m/s RC  
of \_\_\_\_\_  
Insured: \_\_\_\_\_  
Policy No. \_\_\_\_\_  
Claims No. \_\_\_\_\_  
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
(Client's Record)  
Make of Veh: \_\_\_\_\_

(Policy Condition)  
Remark: The veh had commenced its  
repair at the time of inspection.



Bal. or Market Value: \_\_\_\_\_  
IDAC Accident Rpt: \_\_\_\_\_ Consistent?: Yes or No  
GIA / PR Seen: \_\_\_\_\_ Consistent?: Yes or No  
Est. Repairs: 04 days Res.: Yes or No  
Lum Sum: 1-B.1 % 3 Val.: Yes or No  
CA / REV / REP. / 24 HRS  
Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: SMK 21015 Yr Regn: 03, 20  
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
Truck / Trailer or Wagon  
Make: Honda Shuttle c.c. 1496  
Colour: M-D. Blue A/C: Insured / Std / Nil / NA  
Sp. Reading: 28612 T/Radio: Insured / Std / Nil / NA  
Eng/No: \_\_\_\_\_  
C/No: GKP 2001145  
Gen. Cond: Good / Fair / Poor / Burnt  
Steering: In order / Jammed / Leaked / Burnt or  
Brake: In order / Jammed / Leaked / Burnt or  
Mod: Nil / S/Rlm / STD A/Rlm or  
Tyre Size: F: 185/60R15  
R: \_\_\_\_\_  
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
TOYO / YOKO or \_\_\_\_\_  
Front  
R/Bal. 9 mm R/Bal. 9 mm  
L/Bal. 9 mm L/Bal. 9 mm  
D.O.A. 2/10/20 D.O.I. 5/10/2020  
Survey held at \_\_\_\_\_  
Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or  
The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
<u>1</u>	<u>Est not ready</u>

Date/Time, File Pass to? ☐ : Prell. Report  
1) ☐ : Final Report  
Date/Time, File Return to?

Days Of Repair: \_\_\_\_\_  
Resurvey No. of Trip: \_\_\_\_\_

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)  
☐ : Interview (\$ \_\_\_\_\_)  
☐ : Tech Invs (\$ \_\_\_\_\_)  
☐ : Weekend (\$ \_\_\_\_\_)

Survey Fee: \_\_\_\_\_  
Transportation: \_\_\_\_\_  
S - RS. \$ \_\_\_\_\_  
Fees: \_\_\_\_\_  
Others: \_\_\_\_\_  
TOTAL

Report Format :  
Lump Sum / I.B.I. (\$ \_\_\_\_\_)

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report	05/10/2020 10:49
Date Of Accident	02/10/2020 00:25
Exact Location Of Accident	BRADDELL ROAD TOWARDS CTE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK2101S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN SHI NGUAN (CHEN SIYUAN)
NRIC No	SXXXX099A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90305145
Alternative Phone No	OFFICE-90305145

### Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SI20V03536/VPC/R01/E00
Cover Note Number	

### Driver

Name of Driver	TAN SHI NGUAN (CHEN SIYUAN)
NRIC No	SXXXX099A
Date Of Birth	11/11/1983
Occupation	OUTDOOR
Date Of Driving Pass	09/12/2002
Driving Experience	17 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90305145
Fax Number	
Contact Number	OFFICE-90305145
EMail Address	NOEMAIL



Address

BLOCK 104 POTONG PASIR AVENUE 1 #11-408  
SINGAPORE

Postcode

350104

Was driver an employee of the Insured's Company

NO

If No, Relationship of the Driver with the Insured

OWNER

Vehicle Registration Number of Driver's Own Vehicle

-

-

Insurance Company of Driver's Own Vehicle

-

-

### General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

RAINING

Road Surface

WET

### Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle) involved in the accident

2

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME: : TAN KAI SIN

GENDER: : FEMALE

### Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

POTONG PASIR NEIGHBOURHOOD POLICE POST

Police Station Address

ROAD: BLK 142 POTONG PASIR AVENUE 3 , POSTCODE: 350142 ,  
COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 1800-2829999 - FAX NO: 62815964

Was notice of intended Prosecution given?

NO

If Yes, against whom?

### Circumstances of Accident

REFER TO POLICE REPORT AND ATTACHED ; REMARKS: TYPE OF ACCIDENT PLEASE REFER TO ATTACHED AND ATTACHED STATEMENT

### Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH OWNER

Was there any audio recorded?

NO

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GBH6466J

Vehicle Make/Model/Colour

Details Of Properties

REFER TO POLICE REPORT AND ATTACHED

Vehicle Category

COMMERCIAL VEHICLE

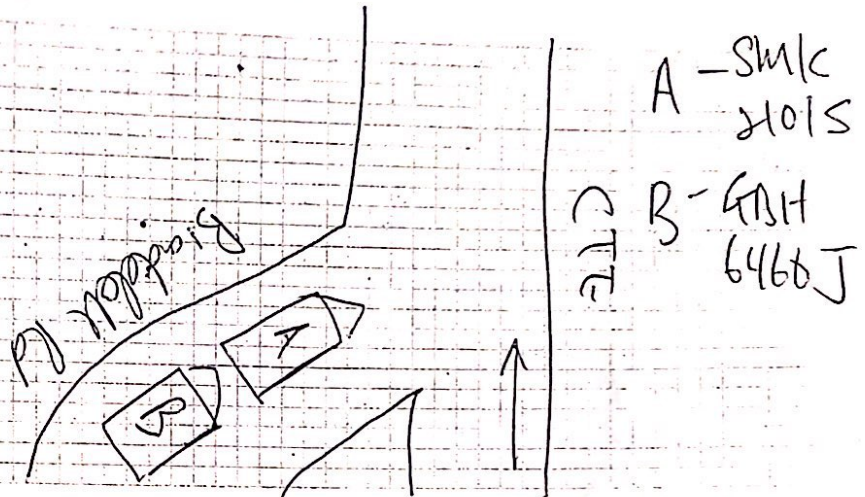
Name of Driver

YEO PENG CHOON

NRIC/Passport Number

SXXXX569G

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving toward the slip Rd  
 toward CTE when at the slip Rd  
 I slow down  
 Suddenly a van GRH 6466J came  
 from behind and hit into my car.  
 After the accident, my wife (Tan Kui Sin)  
 and me felt dizzy and sore at the  
 back.  
 Reporting for Insurance purposes.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature  
 Date & Time:

Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time:

Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.: